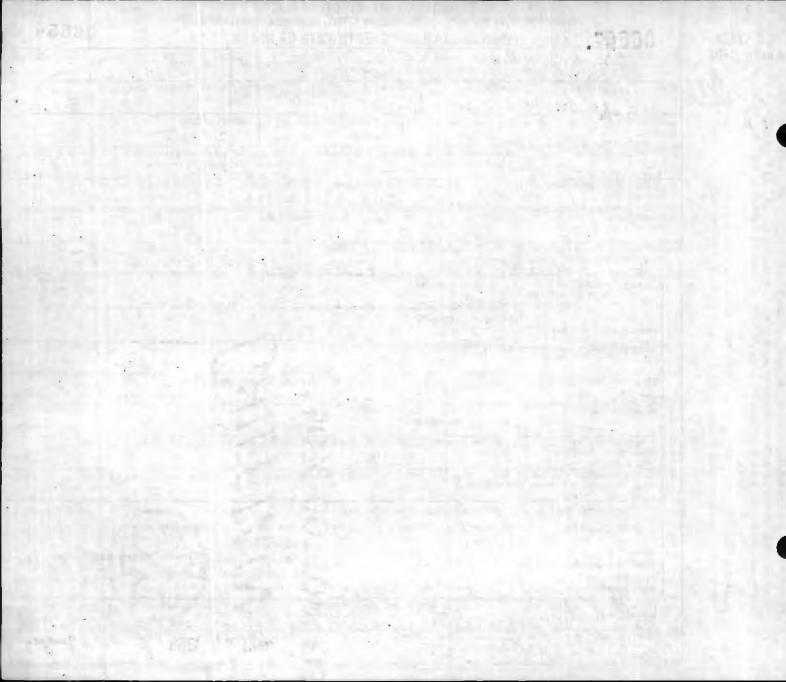
2 1		1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR ST	ATE			16847 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH	DEPI.			CEASED-NAME First Willist / Middle E. / Lost / DLI H 20. DATE KNOWN Month Day Year, 20-HOUR
ay is 3 to Poge	EAL	1		DEATH MATED 2 2 100/2014
May Pe	1 H		3, SE	(As bighday) MONTHS DAYS HOURS MAN Manth Day
A Line	Depart			Mark white Nov. 19. 1901 by YRS. SIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF PEATH
- E	e De		count	
Give Poges ong with fa	the State	in		ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR
er de		20	12-	Jo Juman = Md. give street oddress) during most of working life even if retired.) INDUSTRY Water man USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e. STREET AND NUMBER
18. alc	2 with death.	04	0d	Inission) STATE Md. 13b. COUNTY Calvest Sofomons YES \ NO \
hours Item Office	l and 2 after	1	14. F	ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
			12 1	Jabez T. Abbott Hice Files
within 24 n pencil in Examiner's	le poges 72 hours			WAS DECEASED EVER IN U.S. ARMED FORCES? 15. SOCIAL SECURITY NO. 17. INFORMANT
	正			18. CAUSE OF DEATH (Enter only one cause per light for (a), (b) and (c).) APPROXIMATE INTERVAL APPROXIMATE INTERVAL APPROXIMATE INTERVAL APPROXIMATE INTERVAL
executer nding" Medical	permit. Fi			PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Cardin trascular processe
e execu pending ef Medic				DUE TO, OB 45 1 CONSEQUENCE OF
ld b ird : Chii	al-tror ony e			rise to immediate couse (a). (b) stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
should word the C	5 .⊑			last. (a) Had sellow Lever in severy
ofe st g the	0 0			PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
certificot e, writing forworded	used as moval, a		NOL	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 120. AUTOPSY?
0. 0	be used a removal.	9	CERTIFICATION	WAS PERFORMED?
ER: Thi	1 10		IL CER	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 121b. TIME OF INJURY Manth, Day, Year HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
NER: certif hould	shoul stion,		MEDICAL	CAUSE OF DEATH P.M. 19
EXAMINER cute the cer age 4 shou	oge 3 shou cremotion,	-1		21d. INJURY OCCURRED 21d. BLACE OF INJURY (At home, farm, street, white at work at wor
cecut Pag for v			1	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinion
Se es ctor.	ECTOR:			death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner
pleose	DIR or to			ACTUAL CHIEF MEDICAL EXAMINER C
ory, neral	ERAL D	9		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED EXAMINER'S DEPUTY MEDICAL EXAMINER 22b. DATE SIGNED 1 27 8
o DEPUTY necessory, the funeral	FUNERA Foolth pr	2		NAME (Type) H. W. Ward Ma awings, MadDRESS(Street, city, town, or county)
5 5 4 ~	· RF		230.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
	P		24.	EUNERAL DIRECTOR May 29, 1968 Sofomons Meth, Emetery Sofomons Court Md.
VR A 10M 1	15ME (5) REV. 1/68		4	a Harkness For Nort hepublic, Md. DATE MAY 29 1968 guarde grand



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06855 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT. 1. DECEASED-NAME 20. DATE KNOWN S Month Doy 26 Year 2b. Last (Type or Print) ESTI-Page of DEATH MATED 10.50 M deloy and 3 ment 6. AGE (in years S. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3. last birthday'i MONTHS Doy 12 May 5, 1922 OCOO M 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED SENEVER MARRIED 9. COUNTY OF DEATH country DIVORCED WIDOWED [New York U. S. A. Pages hours ofter death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If hat in haspital 12a. USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR during most of working life, even if retired.)
Business Manager Collection give street oddress) Give with the Office along deoth. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER District of Columbia Item 18. NO X 5028 and 2 after 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME Foster Richard Benjamin Sheridan Mary Ann e, writing the word "pending" in pencil in forworded to the Chief Medical Exominer's hours poges 160. WAS DECEASED EVER IN U.S. ARMED FORCES? be executed within 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes, no, or unknown) (If yes give wor or dates of service) Louise G. Benjamin (wife) #13 above no File Hearn't chess APPROXIMATE INTERVAL event within permit. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE burial-transit Conditions, if dny, which gove rise to immediate cause (a). certificate should dny DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause . = gud PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 100 SD removal, CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? **EXAMINER:** This execute the certificate, YES pe Page 4 should be 10 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 2]c. HOW INJURY OCCURRED (Enter noture of injugy in Part 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. MEDICAL cremation, CAUSE OF DEATH 8,50 P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Tawn County State may be retained for your FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK buriol, 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinian the funeral director. death resulted from: Accident Suicide Hamicide Undetermined monner Natural couses CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER FUNE! EXAMINER'S NAME (Type) ADDRESS(Street, city, town, or county) Hugh W. Ward 23o. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)

Gate of Heaven Cemetery

Silver Smi

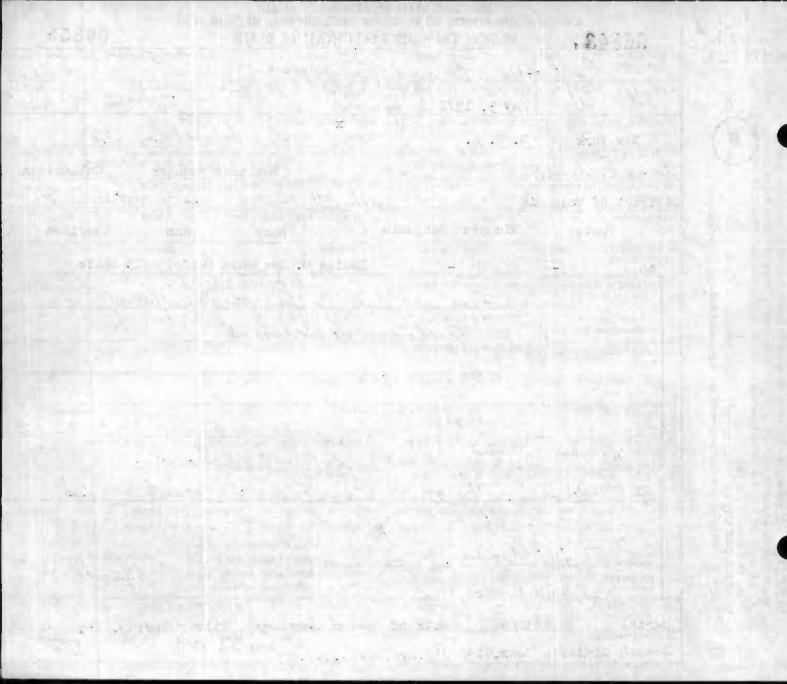
250 RECD BY REGISTRAR

VR A15ME (5) 10M REV, 1/68 REMOVAL (Specify)
Burial

24. FUNERAL DIRECTOR

5/31/68

Joseph Gawler's Sons,5130 Wis.Ave. Wash. D.C. DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06849 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2g. DATE OF DEATH death. and (Type or print) Buckler. Sr. Calvert Carroll 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) MONTHS 8-8-91 male white 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) physician and campletely filled in en please remave carban papers Calvert DIVORCED [WIDOWED [7] Maryland requires that the death certificate be executed within 24 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done Galvert County Hosp. during most of working life, even if retired.) Prince Frederick 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Maryland Calvert Huntingtown ES . NO X 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Priscilla Joseph Buckler Hattie 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yet give war or dates of service) ar remayal, Buckler 218-12-9022 Annie G. same 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) burial-transit rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar tal O FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? YES T NO | far use 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town While Nat while at wark **TENDING** 220. I certify that (I) (this hospital) attended the deceased from May 27 , 1968, to May 27, 1968, that (I) (we) lost sow the deceased alive on May 27 1968 and from the be retained couses stored goove, (I) (we) (did) (did not) view the body ofter death, 22b. SIGNATURE 22c. DATE SIGNED 5-28-68 DEGREE director, page 3 DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) George J. Weems. M.D. Hentingtown, Maryland

VR A15 (4) 30M REV. 1/68 23a. BURIAL, CREMATION, REMOVAL (Specify) 24 JUNERAL DIRECTOR Owings, Marylandie

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

Huntingtown Chr. Cemetery Huntingtown Calvert Md. 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

23d. LOCATION (City or Town) (County)

06856

IF UNDER 1 YEAR

INDUSTRY

County

DAYS

12b. KIND OF BUSINESS OR

2b. HOUR

HOURS

Lost

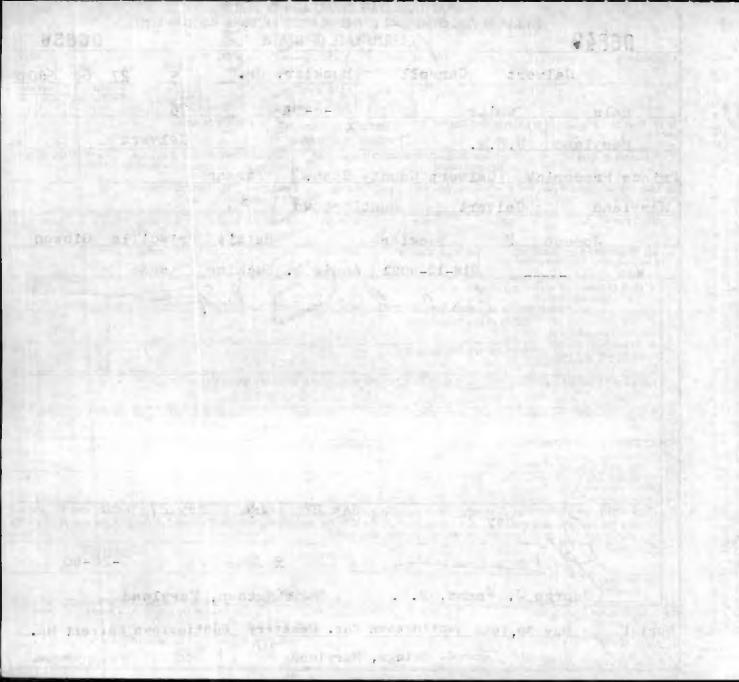
Gibson

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

State

(State)



death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

		06850	DIV	ISION OF VIII		BOT W. PRE			MORE, MA	KYLAND 2120		068	51
		CEASED-NAME ype or print)	First Willi	s]	Middle Frankli	n Con	lost modo	re	20. DATE O	F DEATH Month 5	13	Year 8	2b. HOUR 11:10 aM
	3. SE	x male	4.	race negro		5.	DATE OF BI	RTH 6-90		6. AGE (In years lost birthday)	RS. IF UNI	DER 1 YEAR	HOURS MIN.
	caur	BIRTHPLACE (State or for htry) [arvland		S.A.	OUNTRY?	8. MARRIED WIDOWED K		RIED S	Calv				Md.
9	10. C	ity or town of DEATH		nive street	of HOSPITAL OR INST address) Cou	nty Ho				i (Kind af wark da glife, even if retire		. KIND OF E	BUSINESS OR
4	odmi	USUAL RESIDENCE (Whe issian) STATE	re deceased live	b COUNTY Calve	. /	Port Republ		YES NO		TREET AND NUMBER			
1		FATHER'S NAME FIR		Middle	Last Commodo	15. A		AIDEN NAME FI	Gray	Middle	3		last
		WAS DECEASED EVER IN		PRCES? 16b.	SOCIAL SECURITY N	O. 17. INF	ormant			Addres Prince		eric	k, Md.
/		18. CAUSE OF DEATH WART I. DEATH W. Conditions, if any, wh rise to immediate co stoting the underlyin last. PART 2. OTHER SIGNIF	AS CAUSED BY: IMMEDIATE CA ich gave use (a), g couse	USE (o) DUE TO, OR AS A (b) (c)	CONSEQUENCE OF		nd	elers					NATE INTERVAL SET AND DEATH.
2	CERTIFICATION	19a. DATE OF OPERATION	De	abeli	OPERATION WAS PER	tell	20o. AUTO	PSY?	20b. I	F YES, WERE FINDINGS OF DEATH?	GS CONSIDI	ERED IN CE	RTIFYING
	MEDICAL CERT	G OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year 19										8.)	State
		22a. I certify the saw the dec	t (I) (this ho	on May	ed the decease 13. 19 nat) view the b	200 and 1	that in (m	29, 19 <u>6</u> y) (our) apîr	8 , ta_ nian death	accurred on the	e date or	nd hour o	(I) (we) last and from the
		22b, SIGNATURE	ul	KK	4	DEGREE	1 111.00	LXI DI	ED. RECTOR	STAFF PHYS.	22c. DATE	13	168
1		22d. PHYSICIAN'S NAME (Type)	age C.	Jett,	M.D.		22e. ADD			rick, M	aryl	and	
P	23a.	BUMAL, CREMATION, REMOVAL (Specify)	23b. DATE	-68	Brown	Ch. Cel	EMATORY		Port	Republ	ic (Co	Cal.	(Stote) Md.

O FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician ond completely filled in by director, page 3 should be detached for use os the burial-transit permit. Then pleose remove corban papers. Should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hour

24. FUNERAL DIRECTOR

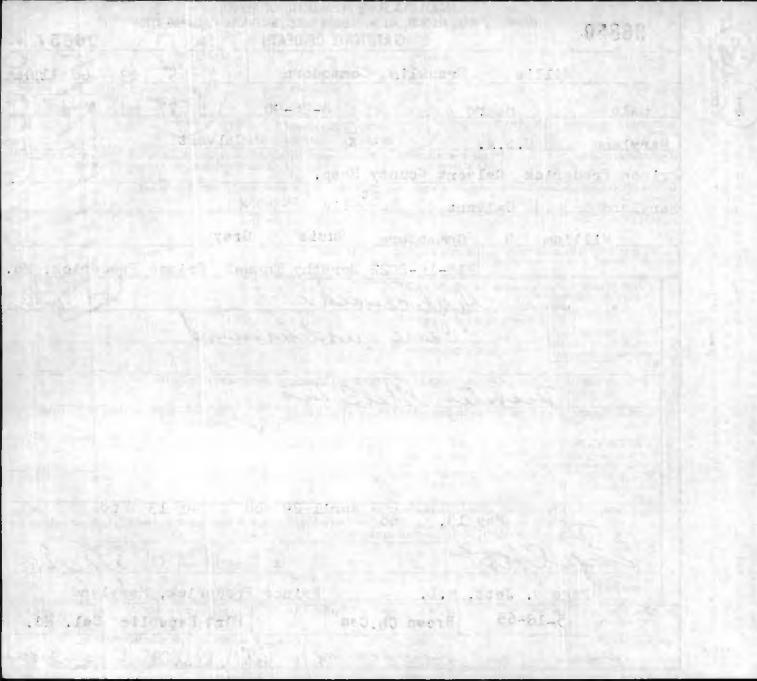
VR A15 (4) 30M REV. 1/68

ADDRESS kney E. Sewell Prince Fred My

250. REC'D BY REGISTRAR
DATE MAY 1

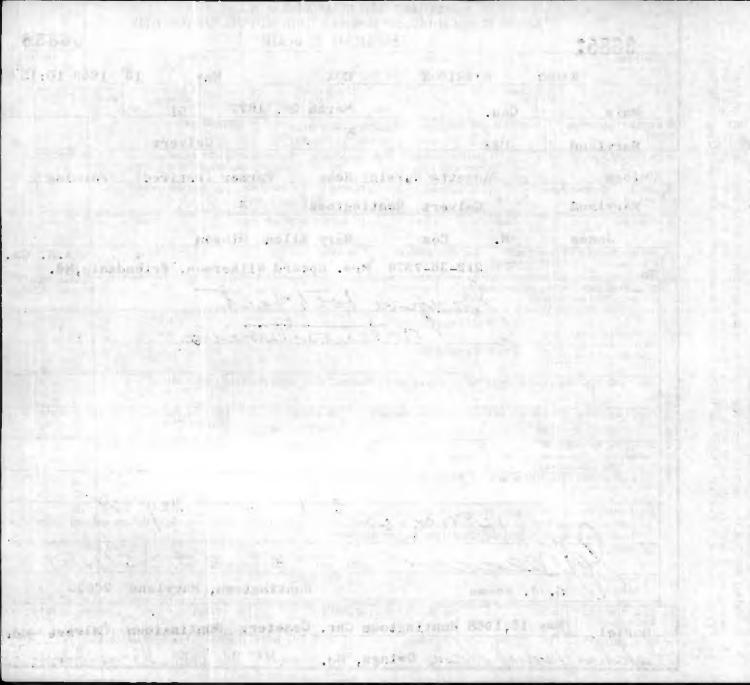
25b. REGISTRAR'S SIGNATURE 1968

Ochonles



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

888	151		CERTIFICATE OF DE	:AIH		71.0	000
1. DECEASED-NAME	First	Middle	Lost	2o. DATE OF DE			2b. HOUR
(Type or print)	HARRY	HARRISON	COX	May	Month 15	1968	10:15
3. SEX	4. RA	CE	S. DATE OF BIRTH	6.		IF UNDER FYEAR ADMITS DAYS	IF UNDER 24 HRS. Hours Man
Male		Cau.	March 28	8, 1877	ast birthday) A	IUNIU2 PACE	LIDATING MAIN
7o. BIRTHPLACE (Stot	e or foreign 75. CITIZ	ZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DE	ATH		
Mary	land	USA	WIDOWED DIVORCED		vert		Md
10. CITY OR TOWN O	F DEATH	11. NAME OF HOSPITAL OR IN give street oddress)		12o. USUAL OCCUPATION (Ki		12b, KIND OF INDUSTRY	BUSINESS OR
Owings		Padgetts Nu	rsing Home	Farmer (re	tired)	Farmi	ng
13o. USUAL RESIDENC	E (Where deceased lived,	if institution: Residence before			AND NUMBER		
odmission) STATE		Calvert	huncingtown	S NO D€			
14. FATHER'S NAME	First	Middle Lost	15. MOTHER'S MAIDER		Middle		Lost
	ames	N. Cox	Mary El	len Gibson			
16o. WAS DECEASED Yes, no, or unknown	EVER IN U.S. ARMED FORCE			3 997 4 3 9	Address		.A. Co
No				rd Wilkerson	, Friend		MATE INTERVAL
18. CAUSE OF	CATIL MIAC CANCER DW	ouse per line for (o), (b), and (c	1 1 1	1			NSET AND DEATH
PAKI I, U	IMMEDIATE CAUSI	(0) Janen	ene bock	Jeer			
445	/ hard	E TO, OR AS A CONSEQUENCE OF	1	1			
Conditions, it o	iny, which gove	(b)	revor	lerosio	`		
stoting the un	derlying couse DU	E TO, OR AS A CONSEQUENCE OF			,		
last.)	(c)					
PART 2. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DIS	SEASE OR CONDITION GIVEN IN	PARI I(0)		
190. DATE OF OF	TOLITICAL TOLICATION	ON FOR WHICH OPERATION WAS P	ERFORMED 20a. AUTOPSY?	2 206 15 40	, WERE FINDINGS COI	HODEDED IN CE	OTIEVING
190. DATE OF OF	EKAHUN 190. CONDING	IN FUK WHICH OPERATION WAS P	YES T	NO CAUSES OF		NOIDEKED IN CE	KIITINO
E 21a ACCIDENT	WAS UNDERLYING 21	b. TIME OF INJURY		RED (Enter noture of injury in	Port 1 or Port 2 He	nm 193	
S OR CONTRIBUTION	NG CAUSE OF DEATH	OUR A.M. Month Doy Yeo		co (cute notote of suloth s	TOTT TO POST 2, THE	mis 10.)	
21d. INJURY O	y medical examiner)		ITORY 1 216 LOCATION Street or	R.F.D. No. City or	Tours	County	Stote
White Not	MINIC	OFFICE BUILDING, ETC.	ACTORY,) 21f. LOCATION Street or	K.F.D. NO.	TOWIT	Cooliny	21019
		ital) attanded the decast	and from a 8-/	10 ALC to 5	Well 101	that	(1) (wa) las
saw th	e deseased alive on	12 W QM	sed from 0/ 19 6 and that in (my) (our) opinion death occ	urred on the dat	e ond hour	and from th
couses	stated above, (I) (v	ve) (did) (did not) view the	body after death.		γ		
22b. SIGNATURE	11/120		ATTENDING	MED S	TAFF C	ATE SIGNED	10
	THU DE	ull	DEGREE PHYS.	DIRECTOR L	HYS. L	16/6	58
22d. PHYSICIAN NAME (Ty		Weems	22e. ADDRESS Hun	ntingtown, M	aryland	20639	
23o. BURIAL CREMA	TION. 23b. DATE	23c. NAME O	CEMETERY OR CREMATORY	23d. LOCATION	City or Town)	(County)	(Stote)
REMOVAL (Spec		3,1968 Huntin	gtown Chr. Cer		ingtown	Calve	m4 3/3
24. FUNERAL DIRECT	98/	ADDRES	\$ 250	D. REC'D BY REGISTRAR	2Sb. REGISTRAR'S S	IGNATURE	- Ma
Hulch	enis tuner	al Home 0	wings, Md. DA	ME MAY 20 196	18 goles	relay Jus	del

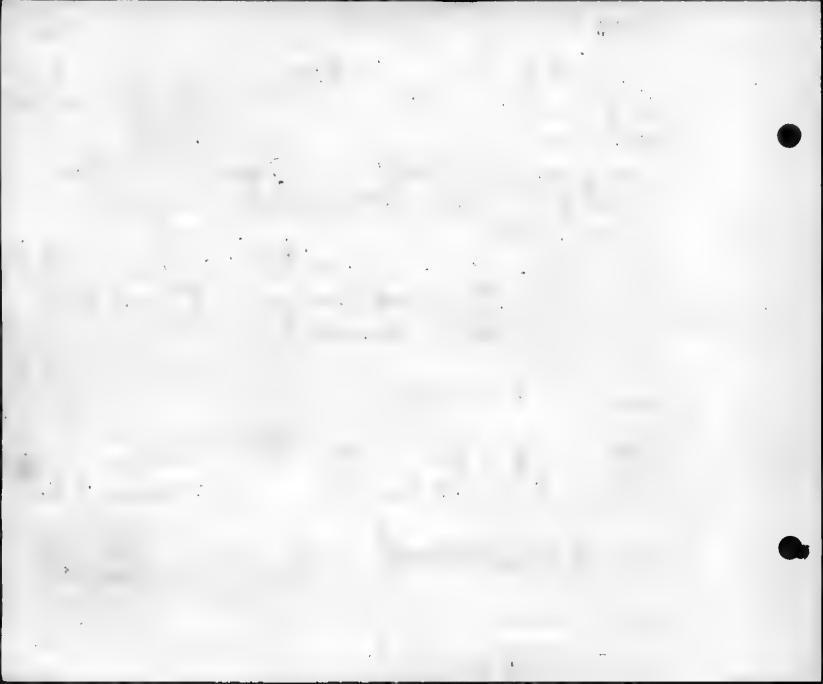


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Last 20. DATE OF DEATH First Middle 26. HOUR (Type or print) Roe Duncan S. DATE OF BIRTH 3 SEX A RACE IF UNDER I YEAR 6. AGE (In years last birthday) HOURS white 3-30-89 male 7a BIRTHPLACE (State or fareign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED Pennsylvania Calvert U.S.A. WIDOWED TO DIVORCED [requires that the death certificate be executed within 24 remave carbon pap 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of warking life, even if retired) Prince Frederick County Hosp. Amusement Pk. Clerk 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before North Beach 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland Calvert YES NO [14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Gilmore Jane Duncan James 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address Yes, na, ar unknown) (It was give war or dates of service) 202-16-0345 Mildred E. Goodall North Beach. Md. signed by the attending pi burial-transit permit. Then burial, cremation, ar remay 18. CAUSE OF DEATH (Enter on y one cause per lure for (a), (b), and (c)) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the under ving couse! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN W PART (a) tar use as the l f Heolth priar tab Page 4 may be retained by the hospital ar attending O IUMERAL DIRECTOR: After this certificate has been 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. COND.T.ON FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES 🗔 NO [21a, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County State While hat while at work 22a | certify that (1) (this hospital) attended the deceased from IBD. 1, 1965, ta May 13, 1968, that (1) (we) last saw the deceased alive an May 13, 1968, and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED MU DEGREE director, page 3 shauld be filed v 5-13-68 DIRECTOR 22d. PHYSICIAN S 22e ADDRESS NAME (Type) Prince Frederick. Maryland 23g BUR AL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVA. (Specify) May 16,1968 Grand Army Cemetery Summit Hill Carbon Co. Pa

EMNERAL DIRECTOR

VR A15 (4) 30M REV 1/68

1	MARYLAND STATE DEPARTMENT OF HEALTH
7	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. DECEASED-NAME 2a DATE KNOWN Manth Day Year 2b HOUR OF ESTI-
× 2/3	(Type or Print) - DY dON Har Hundell DEATH MATED 5 28 198 4364
de de la companya de	3. SEX 4 RACE S. DATE OF BIRTH & AGE o years If UNLER YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d HOUR
	3. SEX. A TRACE S. DATE OF BIRTH S AGE o years of LIBURER 16 AGE of LIBURE
I, 2, rm Pr	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 SQUINTY OF DEATH
fo fo	Elmira, New York USA WIDOWED DIVORCED Calver Md
Pag Pag ith Sto	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not n haspital during past of work position year it settled) 12. NAME OF HOSPITAL OR INSTITUTION (If not n haspital during past of work position year it settled) 13. NAME OF HOSPITAL OR INSTITUTION (If not n haspital during past of work position year it settled) 14. NAME OF HOSPITAL OR INSTITUTION (If not n haspital during past of work position year it settled)
	3a USUAL RESIDENCE (Where agreesed lived, it institution. Reproduce before 13c CITY, OF TOWN 13d MSDE CITY LATES 13e. STREET AND NUMBER
s afte 18 Gi 9 oloni 2 with death	odmissian) STATE Ma 13b COUNTY By 178 / Listh Polle YES NO X 611 Goucher Ave.
ltem Item 10 Office and 2	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
7/0	Gordon D. Hubbell Elsie Virginia
hin 24 miner's miner's pages hours	16d WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dares of service) (Yes, no, or unknown) (If yes give war or dares of service)
pel ann 22	ves Korean War 113-24-7923 D280-1885 R R N 2 12/073
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s certificate standards the farwarded to used as a buemaval, and in	PART 2 OTHER SIGNIFICAN COND T ONS CONFRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON G VEN IN PART 1(a)
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ary, nero be be pr	SIGNATURE MD ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY D
O DIFFITY DICAL ETAIL mecessary, please minute the the funeral director. Page 4 5 may be retained far your O FUNERAL DIRECTOR: Page Health priar ta burial, cren	NAME (Type) ADDRESS(Street, city, town, or county)
D the	23a. BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
Ock	burial 5/31/68 Dulaney Valley Balto.Co. Md.
181	24. FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 25b. REGISTRAR S SIGNATURE
VR A15ME (5) Y 10M REV. 1 68	Mitchell-Wiedefeld Home 6500 York Rd. DATE JUN 4 1968 Frances June 1968
	Dallo, PO. 7.17.17.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Eirst Middle Lost 2a. DATE OF DEATH 2b. HOUR (Type or print) Robert Lee Humphreys S. DATE OF BIRTH 4 RACE 6. AGE (In years 3. SEX IS LINDER LYEAR lost birthday) MONTHS 1-16-26 male white YRS. 7o. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED M NEVER MARRIED U.S.A. WIDOWED [DIVORCED [Maryland Calvert requires that the death certificate be mxmcuted within 24 within 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR que street address)
Calvert County Hospital Mechanic INDUSTRY remave carbon Prince Frederick Automobiles 13a JSUAL RESIDENCE (Where deceased lived, if institution, Residence before, 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE Calvert YES NO TO Leonard Maryl and and in any 14 FATHER'S NAME Middle 15. MOTHER S MAIDEN NAME First Middle tost Lost Catherine Gott Howard Humphreys 160 WAS DECEASED EVER IN JS ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no or unknown) 22e-16-8358Mary Evelyn O'Neill Prince FrederickMd. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) ______ CONONONY DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Eidalenows Conditions, if any, which gave a rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) as the this certificate has been 90 DATE OF OPERATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🗔 NO [for use Health g 21a. ACC DENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF IN JRY (AT HOME, FARM, STREET, FACTORY.) 21f LOCAT ON Street of R.F.D. No. 21d (NJURY OCCURRED City or Town County State While at work at work Page 4 may be retained by the FUNERAL DIRECTOR: After 220. I certify that (I) (this hospital) attended the deceased from May 10 , 1968 , to 5 , 19 , that (I) (we) last saw the deceased alive on 19 , and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated obave, (1) (we) (did) (did not) view the body after death 22b SIGNATURE 22c DATE SIGNED MED DIRECTOR ATTENDING 5-10-68 director, page 3 DEGREE 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) Issam F. el Damalouji.M.D. Prince Frederick, Maryland 230. BURIAL, CREMAT ON 23b DATE (State) REMOVAL (Specify) Dunkert, 25a. RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 30M REX 12.68

MARYLAND STATE DEPARTMENT OF HEALTH

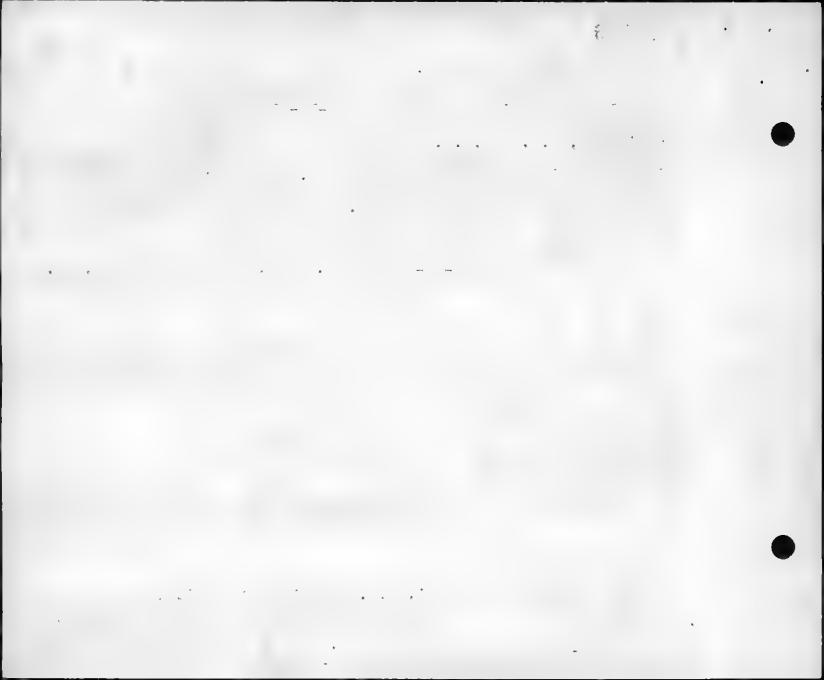


1.	1	MARYLAND STATE DEPARTMENT OF HEALTH
No. of	7	tem#7an & FD Film # Historical Records, 201 W. Preston Street, Baltimore, Maryland 21201
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEATH		DECEASED-NAME (Type or Print) Robert Month Day Year 20 HOUR OF ESTI- DEATH MATED 5 13 1958 N
PM3 Page	3 9	
Dep 1		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARR ED TREVER MARRIED 7 COUNTY OF DEATH 1
Give Pages ng with far the State	10	OF OR TOWN OF DEATH If NAME OF HOSP TO OR INSTITUTION (If not imprope to during most of work done 12b. KIND OF BUSINESS OR during most of work no life, even if retired) INDUSTRY
afi alo alo wit		LSLAL RESIDENCE (Where deceased lived if institution Residence before the GTY BR TOWN A Phisips of White The STREET AND NUMBER DIRIVE
do le	14	FATHER'S NAME Fist Middle Last IS MOTHER'S MAIDEN NAME Fist Middle Lost
24 n l l l l l l l l l l l l l l l l l l l		SIDNEY NORRIS ESTElle Scholl
vithin sencil amine e page		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) 217-03-5001 MRS GRACE N. NORRIS SAME AS
£3		18 CAUSE OF DEATH (Enter only one cause per lyfe (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed pending in lef Medical Ensity permit I seemt within		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) / Devale
be execu pending tief Medic ansit perm		Canditions, if any, which gove
	ŀ	nse ta immediate cause (a), (b) for any fine training and fine tra
shauld be as ward pe a the Chief punal-transit		stating the underlying cause DUF TO, OR AS A CONSEQUENCE OF The last
the to		PARTY OTHER SIGNALANT CONDIT ONS CONTRIBUTION TO DEATH BUIL NOT RELATED TO THE TERM A DISEASE OR CONDITION GIVEN IN PART I(a)
5 5 8	8	After pen fal fitt Hespila
nis in the se to be u	CERTIFICATION	196. CONDITION POR WHICH OPERATION WAS PERFORMED?
독규 골은	MEDICAL CE	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 19 21c. TIME OF INJURY Manth, Day, Year 21c. HAW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, tem 18) HOUR A.M. P.M. 19
EXAMINER: te the cert age 4 shauleyaur filesPage 3 shoul	WE	21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, form, street, at work at wo
Recursion Page		22a. I certify that I took charge at the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinion
e exector Potential Pornal,		death resulted from: Natural rouses Assident , Suicide , Homicide , Undetermined manner
please I direct refalle or to &		ACTUAL ATTACHED CALEXAMINER CHEF MED CALEXAMINER
		SIGNATURE ASSISTANT MED CAL EXAMINER LINE ASSISTANT MED CAL EXAMINER
O DEPUTY necessory, if the funeral smay be no be		EXAMINER'S NAME (Type) DEPUTY MED CAL EXAM NER ADDRESS(Street, city, tawn, or county)
TO D The the S III S II	230	BURIAL, CREMATION, 23b DATE, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (State)
M	000	REMOVALISPECTIFI 17 MAYGE Glen HAVEN Merg, Glen BURNIE Md.
VR A15ME (5)	24.	FUNERAL DIRECTOR ADDRESS ADDRESS 250 REC D BY REGISTRAR 25D REGISTRAR 5 SIGNATURE DATMAY 1 5 1968
10M REV. 1/68	4	INTERES INNERH MOTHE BURNIE DATEMENT TO 1000

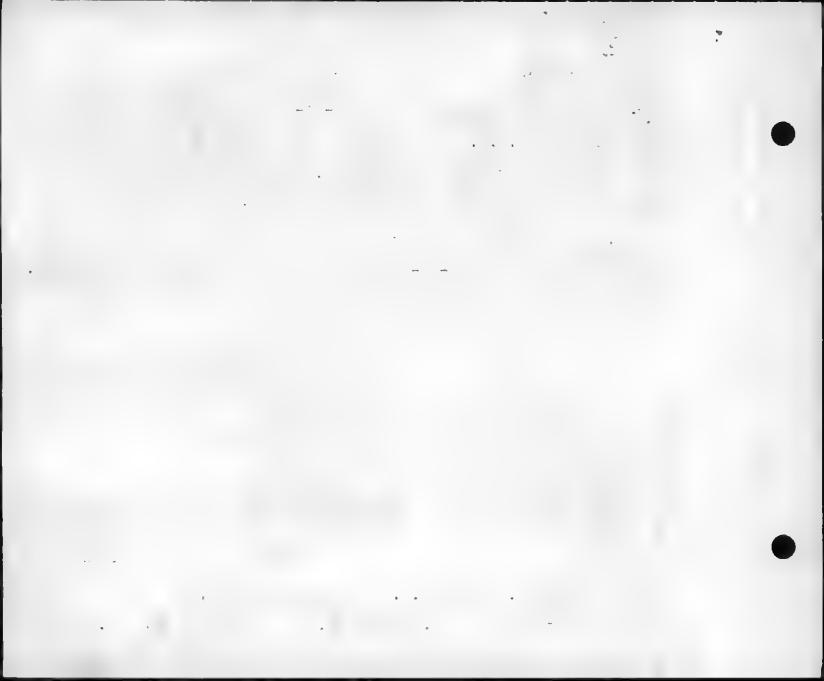


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 36860 Middle 2n DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First (Type or print) Louvenia Eva Peed May 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF LINDER 1 YEAR lost birthdoy) MONTHS HOURS Female White 12-12-91 7o. BIRTHPLACE (State or fareign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED washington, D.C. U.S.A. WIDOWED DE DIVORCED Calvert papek requires that the death certificate be executed within 2 TO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) give street address) Calvert **INDUSTRY** please remove corbon Prince Frederick County Hosp. Housewife OLUN KEM 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER Beack NO X Ches. 14 FATHER'S NAME First Lost 15. MOTHER'S MAIDEN NAME First Last Joseph Lederer Burkley Emma 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Yes, no, ar unknown) 577-34-7940 Eva L. Peed. Chesapeake Beach. Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER'S GNIFICANT CONDITIONS CONTRIBLITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 20a AUTOPSY? CAUSES OF DEATH? YES 🗍 NO X 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of in ary in Part 1 or Part 2, Item 18) ξō Poge 4 may be retained by the hospital TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f LOCATION Street or R.E.D. No. 21d INJURY OCCURRED City or Town County State While Not while at wark 22a. I certify that (I) (this hospital) attended the deceased from 4-7, 1968, ta 5-//-, 1968, that (I) (we) lost saw the deceased alive on 1968, and that in (my) (aur) apinion death occurred on the date and hour and from the 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** director, page 3 should be filed v DEGREE DIRECTOR 22e. ADDRESS 22d. PHYS CIAN S NAME (Type) Issam El Damalouji. M.D. Prince Frederick 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE 23a BURIAL, CREMATION, (State) REMOVAL (Specify) National Memorial Park Falls Church. Glen Carter 8434ADDGEORGIA Hve. 250 RECD BY REGISTRAR VR A15 (4) Silver Spring. Md. 30M REV 1/68 Inc.

MARYLAND STATE DEPARTMENT OF HEALTH

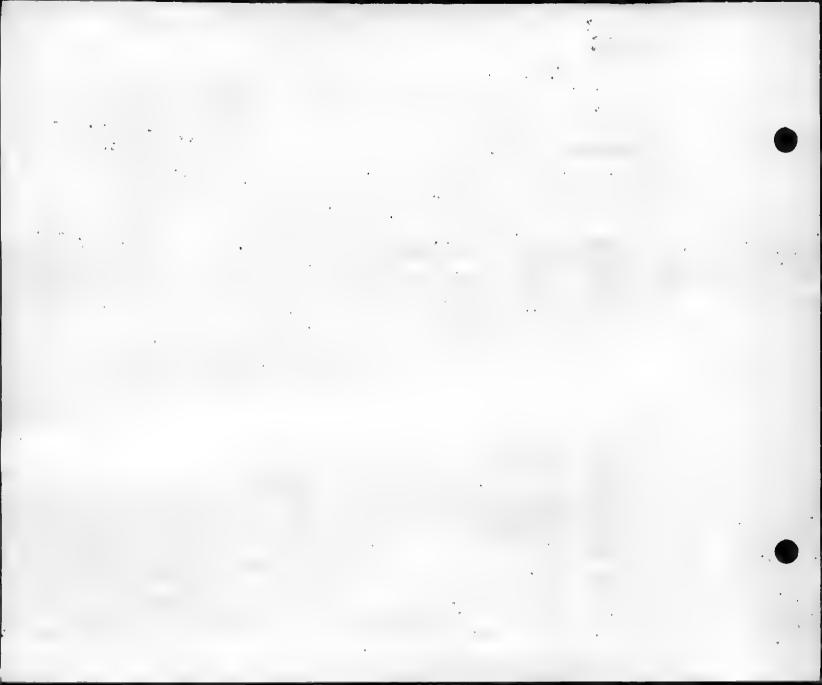


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 20864 CERTIFICATE OF DEATH Furst Middle Last 2a. DATE OF DEATH 2b. HOUR DECEASED NAME (Type or print) Prout Maurice 6:30pM 3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF JNOER 24 NRS. DAYS lost birthdoy) 11-21-00 male negro 70 BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED Maryland U.S.A. Calvert WIDO WED TO DIVORCED within 72 physician and completely filled en please remave carban page requires that the death certificate be executed within 2 10 CITY OR TOWN OF DEATH 11, NAME OF HOSP TAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPAT ON (Kind of work done 12b. KIND OF BUSINESS OR Calvert during most of working ite, even it retired.) INDUSTRY County Hosp. Prince Frederick 13a USJA: RES DEMCE (Where deceased lived, finstitution Residence before Chershoe ake 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admiss on) STATE Maryland NO 😿 vert Beach 14 FATHER S NAME 15 MOTHER'S MAIDEN NAME First Middle Susie Morsell John Prout 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address , the attending physici nsit permit. Then ple matian, ar removal, a Yes, no, or unknown) (It yes give war or dates of service) 218-10-6581 Chesapeake Beach, Md Mabel Chase 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c).
PART I, DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o signed by the after burial-transit permit burial, cremation, a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O FUNERAL DIRECTOR: After this certificate has been the 19a DATE OF OPERATION 19b. COND TION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20c AUTOPSY? CAUSES OF DEATH? YES T NO T USe by the hospital ar 21a ACCIDENT WAS UNDERLYING T216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) fa Month Day Year OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Dept. of (If e ther, natify medical examiner) detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AI HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark at work 220. I certify that (I) (this haspital) attended the deceased from March 25, 1968, to May 19, 1968, that (I) (we) last saw the deceased alive an May 19, and that in (my) (our) opinion death occurred on the date and hour and from the TENDING director, page 3 shauld eshauld be filed with the causes stated above, (1) (we) (did) (did not) view the body after death 22c DATE SIGNED 22h SIGNATUR 5-20-68 DEGREE PHYS DIRECTOR 22e. ADDRESS 22d. BHYSICIAN NAME (Type George J. Weems. M.D Huntingtown. Maryland 23a BUMAL CREMATION, REMOVAL (Spec fy) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Sunderland St. Edmonds Ch. Cem CALVET Md ADDRESS 250 REC D BY REGISTRAR 24 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 30M REV /68



30M REV 1/68

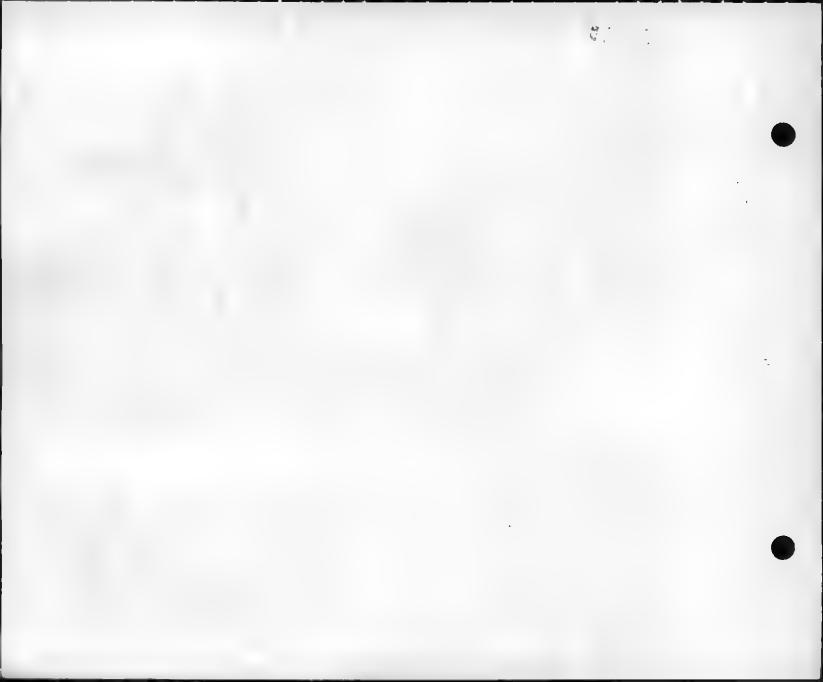
MARYLAND STATE DEPARTMENT OF HEALTH



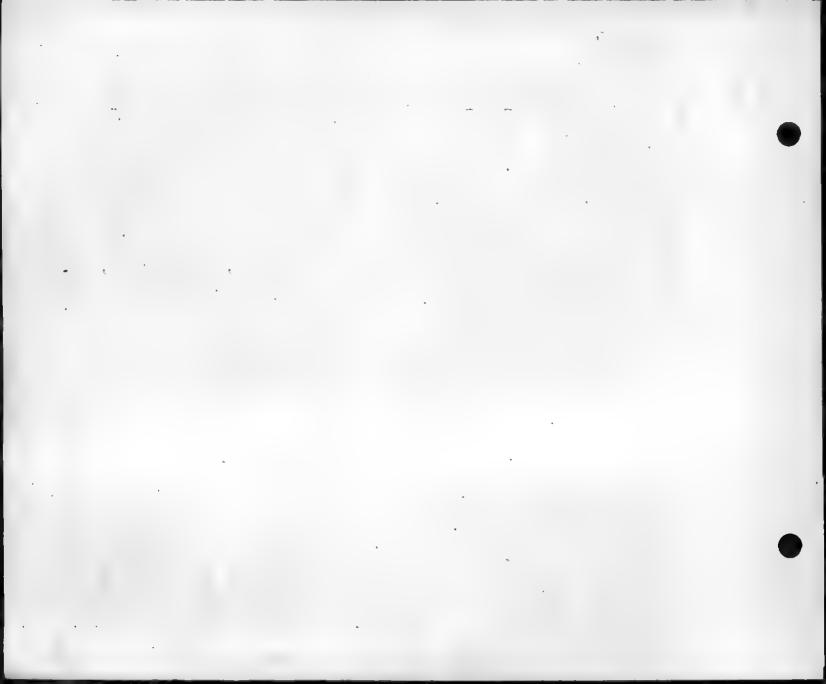
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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£ 24		ECEASED NAME	First	Middle		Last	2g DATE OF				2b. HOUR
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fun fun s l	3 S	EX	14	RACE	S	DATE OF BIRTH		6 AGE (In yea	rs IF	UNDER 1 YEAR	IF UNDER 74 HRS.
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within 24 haurs after deat by filled in by the funeral bon popers Pages I and within 72 hours ofter deat	10	CITY OR TOWN OF DE	HTH	11 NAME OF HOSPITAL OR IN	ISTITUTION (If nat i	n haspital 12a. USUA		(Kind of wark life, given if ret		126 KIND OF B CNDUSTRY #	USINESS OR
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e executed within 24 hr and completely filled in remarke tarbon popers nony event, within 72 h	† adn	USUAL RESIDENCE (W DISSION) STATE		ved, if institution: Residence before	13c CITY OR TO	YES NO		REET AND NUMB	ER		1
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tion ond		0	Kn	Small	7 /	Melane	a	War	ka	e	
requires that the death certificate be a physicion. I signed by the attending physicion or buriot-transit permit. Then please in buriot, cremation, or removal, and in	160	Yes, no or unsnown)	IN U.S. ARMED	ORCES? 16b SOCIAL SECURITY (otes of service) 206-16-12		ORMANT LIX GARC	Smale	+ Su	ress	land	md.
ng p The		18. CAUSE OF DEA	TH (Enter only ar WAS CAUSED BY	e cause per line for (a), (b) and (c)	7 0		1	7	,		ATE INTERVA. SET AND DEATH
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he low ottendin nas bee e os th h prior t	CERTIFICATION	19a DATE OF OPERAT	ION 195 CON	DITION FOR WHICH OPERATION WAS PI	ERFORMED	20o. AUTOPSY? YES NO		YES, WERE FIND OF DEATH?	INGS CONS	IDERED IN CER	RTIFYING
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G PHYSICIAN the hospital of this certifical detached for the Dept. of He	W	21d INJURY OCCUR While Not while at work at work	u	CE OF INJURY (AT HOME FARM, STREET, FA	KCTORY.) 21f LOCA	TION Street at R.F.D. No.	City	or Town	(ounty	State
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O HOSPITAL OR Page 4 moy be r O FUNERAL DIRE director, page 3 should be filed w		22d PHÝSICIAN S NAME (Type)	GIT	Weems.		22e ADDRESS	ling	town	. m	d.	
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VR A15 (4)	24.	SUNFRAL DIRECTOR	. 2.	ADDRES!	10	2So. RECD E	Y REGISTRAR	25b. REGIS	-	NATURE .	



m 1 1	MARYLAND STATE DEPARTMENT OF HEALTH
*	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
P FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. DECEASED-NAME Frst Middle Lost 20 DATE KNOWN Month Day Year 2b HOJR (Type or Print) OF EST World OF EST
23 55 55 15 15 15 15 15 15 15 15 15 15 15	Chick I France Death MATED 3 24 10810 75
delay and 3 s Po	MONTH'S DAYS HOURS MAN MONTH & DOY Year
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oges 1, 2, the form P State Depart	Pennsylvania USA W DOWED DIVORCED DIVORCED MAD MAD DIVORCED DIVORCED MAD MAD DE BUSINESS OR
after death 8. Give Pages along with for with the State eath.	June reduction of strong or strong or the contract of the strong of the
ter Give ang th ti	130 USUAL RESIDENCE (Where defensed lived, if institution Residence polore 13c PITY OR TOWN 1 13c STREET AND NUMBER
s after 18. Gr e along 2 with death.	admission) STATE Illd 136 COUNT to West the Dead YES PNO 1 BC4 2nd AT
hours after death Item 18. Give Pages 1, Office along with form I and 2 with the State De offer death.	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
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Exam Exam File	none Wallace Taylor, North Beach, Md.
certificate should be executed within minimal the moral "pending" in mencil browarded to the Chief Medical Examine used as a burial transit permit. File pagmaval, and in any event within 72 hau	APPROX MATE INTERVAL BETWEEN DIST MOD DEATH PART I, DEATH WAS CAUSED BY:
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te, mritm farward e used ar	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY?
	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b Time OF NURY Month, Day Year 21c How INJURY OCCURRED (Enter nature of July in Port 1 or Part 2 Item 18)
4 4 4	21a EXTERNAL CAUSE WAS 21b TIME OF NULRY Month, Day Year 21c HOW INLINEY OCCURRED (Enter nature of mury in Port 1 or Part 2 Item 18)
VER: certifi hourd lles. should rtion, c	CAUSE OF DEATH
EXAMINER: cute that certi age 4 should your files. Page 3 should. , cremation,	21d. INJURY OCCURRED 21e PLACE OF INJURY (At hame farm freet, with LE at Work
L E	22a certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my opinion
HCAL star. Part of for ital. Purial burial	death resu ted/from Natyral couses Accident , Suicide , Hamicide , Undetermined manner
please Placetal I directal	CHIEF MEDICAL EXAMINER
	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 225 DATE SIGNATURE
DEPUTY Ressary, please e funeral dire may be retail FUNERAL DIR salth prior to	EXAMINER DEPUTY MEDICAL EXAMINER
ro DEPUTY necessory, the funero 5 may be 70 FUNERA	NAME (Type) H. W. Ward ADDRESS(Street, city, town, or caunty)
E - TOB	23a BURIAL (REMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (State) REMOVAL (Specify) 5/7/68 Ft. Lincoln Colmar Manor P.G. Md.
15~	Burial 5/7/68 Ft. Lincoln Colmar Manor P. G. Md. 24 FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 250 REG STRAR 5 SIGNATURE
VR A15ME [5]	Francis Gasch's Sons Hyattsville, Md.
10M REV, 1768	DAIL MAY 9 1968 CULTURE OF P



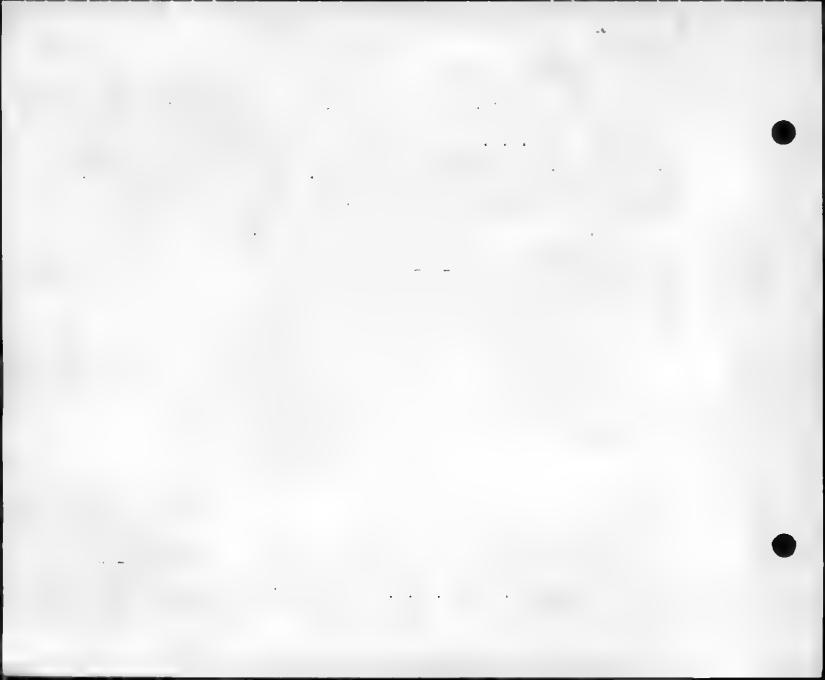
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH Middle 2b. HOUR a DECEASED-NAME First Last 20. DATE OF DEATH (Type or print) Orkney Thomas Tongue 4. RACE S. DATE OF BIRTH IF UNDER I YEAR 3. SEX 6. AGE (In years lost birthday) MONTHS DAYS HOURS male 2-14-76 white 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED (X DIVORCED [Calvert 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) Calvert during most of working life, even ifretired.) INDUSTRY-Prince Frederick County Hosp. 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY odm ssion) STATE YES NO 🗶 Maryland Lusby 14. FATHER S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle First Last Last Ann Gideon Tongue Elizabeth 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Yes, na, ar yaknawn) 220-16-8435 Peter Bisset Lusby. Maryla nd 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove to rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗀 YES [210 ACCIDENT WAS JNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 at Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREEF, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Nat while of wark 22a. I certify that (I) (this haspital) attended the deceased from May 5, 1968, to May 9, 1968, that (I) (we) last sow the deceased alive an May 9, 1968, and that in (my) (aur) opinion death accurred on the date and hour and from the couses stated above, (I) (we) (aid) (did not) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED MED. DIRECTOR STAFF PHYS. 5-9-68 DEGREE-PHYS 22d. PHYSICIAN'S 22a, ADDRESS NAME (Type) George J. Weems, M.D. Huntingtown, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b DATE (County) (State) REMOVAL (Spet fy) 25g, REC'D BY REGISTRAR 56 REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR

requires that thm deoth certificate be exacuted within 24 hours offer death er deot physician and completely filled in by the funeral en please remove corbon papers. Pages Land leose remove corbon papers. Poç and in ony event, within 72 hours or removol, cremation, bur.al-transit as the prior to the haspital or ottending O FUNERAL DIRECTOR: After this certificate hos been for use Health be detached for State Dept. of H Pog■ 4 moy be retained director, page should be filed

JOM REV TAB



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Page 4 may be retained by the haspital ar attending physician.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages I and should be filled by the State Dept of Hilled has prior to billial, or emotion, ar remaval, and in any event, within 72 haups after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deat

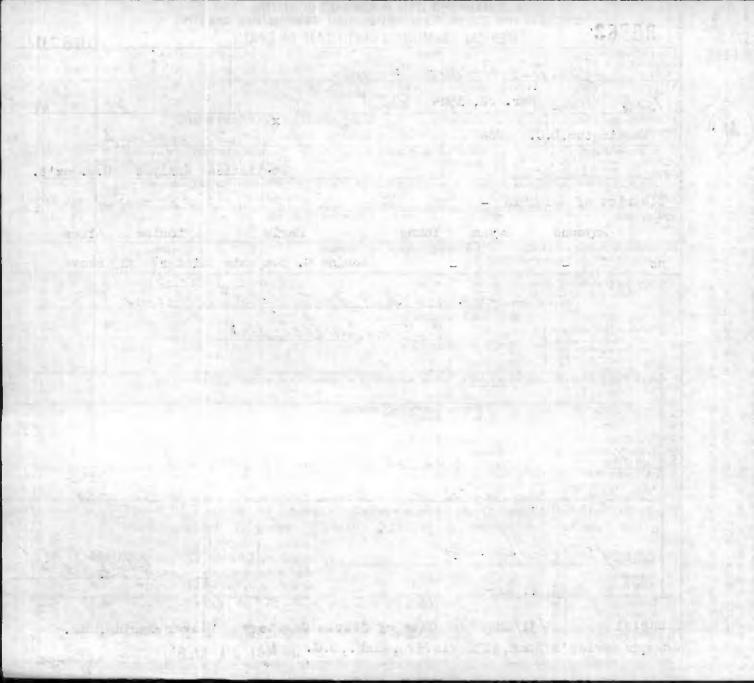
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		6350m			· (CERTIF	ICATE OF	DEATH	·			18	6.9
ľ		CEASED NAME ype or print)	First		Middle		Lost		2a DA	TE OF DEATH Month	Day	Year	2b. HOUR
ŀ	·		Georg		Edward		Weil			5	000	68	10:30a
	3. SE	X		4 RACE			S. DATE OF B			6 AGE (In		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
		male		whi		Ta	9-18			7	YRS.		
	COUR	IRTHPLACE (State or try)	foreign 17	7b. CITIZEN OF WHA	T COUNTRY?		D NEVER MAS		9. COUNT	OF DEATH			
	M	aryland		U.S.A.	F OF HOTOLTH OR HI	WIDOWE		RCED 🔲	1111 0551101	Calver			Me
		TY OR TOWN OF DE		anva str	E OF HOSPITAL OR IN: pet oddress) Vert Cou					ATION (Kind of w rking life, øven i		12b. KIND OF I	BUSINESS OR
	r	ince Fr	ederic	ck Val	vert Cou	inty	Hosp.	13d. INSIDE CITY		3e. STREET AND N	HIHADED	Carper	Jer
	admi:	USUAL RESIDENCE (Vision) STATE		130 GHOMIL					NO TO	Je. SIKEEL AND N	OWBEK	/	
1	4 F	Maryla:	First	Middle	ert	nepi	IS. MOTHER'S M				Middle		lost
			rederi			1	15. MOTHER 5 IN			_	middig	Slatf	
	16a	WAS DECEASED EVER			66 SOCIAL SECURITY		I INFORMANT		Emma	F_	Address	STAUL	oru
	Y	es, na ar unknawn)	(If yes give war	or dates of service)	578-12-	3711	Alice	Wei	1	Port	Reni	blic.	Md.
		18 CAUSE OF DEA	TH (Enter only		for (o), (b), and (c).					1 01 0	*******	APPROXIN	IATE INTERVAL ISET AND DEATH
		PART I. DEATH	WAS CAUSED		12011	1100	~					DELVISEN UP	OC AND DEATH
		4.764	PIRAMEDIALI	Barri	A CONSEQUENCE OF	1				A			
		Conditions, if any,		(6)	Relieve	1/Pu	20 ()	ree	100	ul			
		rise to immediate stating the underly		DUE TO, OR AS	A CONSEQUENCE OF	1	1 4		7	1		\	
		lost.)	(0)	tear	1 9	Deik	er, C	Mu	ebele	ore	<u></u>	
		PART 2 OTHER SIG	NIFICANT COND	ITIONS CONTRIBUTION	NG TO DEATH BUT N	OT RELATED	TO THE TERMINA	L DISEASE OF	RCONDITION	GIVEN IN PART 1	(a)		
	8												
	CERTIFICATION	19a. DATE OF OPERAT	ION 196. CC	ONDITION FOR WHICH	OPERATION WAS PE	RFORMED	20o. AUTO		r	Ob. IF YES, WERE AUSES OF DEATH?		ONSIDERED IN CE	RTIFYING
	ERTIF	AL ACCIDENT WAS	34415553344.0				YES	, _					
	SEC	21a. ACCIDENT WAS			NJURY Manth Day Yeor	21c.	HOW INJURY OC	CURRED (Em	ter nature o	f injury in Part 1	ar Part 2, I	Item 18.)	
	WED ((If either, notify me 21d. INJURY OCCUR			T HOME EARLY STREET EAS		focazion c	. 050 N		27h W			61.1
		While Nat while	*	LACE OF INJURY (T HOME, FARM, STREET, FAI FFICE BUILDING, ETC	211.	LUCATION SINK	er or K.F.D. N	IO.	City or Tawn		County	State
		at wark at work	nat (I) (this	hoenital) atton	dad the deces	nd from t	prilz	Z() 10	68 tr	Wav .	1 0	60 that	(I) (wa) lac
		22a I certify to sow the d	eceasea alu	ve pn May	31	9 68	nd that in (m	y) (aur) o	pinian de	ath occurred o	on the do	te ond hour o	ind from th
		causes sta	ted above,	(I) (we) (did) (d	id not) view the	bady afte	r death.						
		22b. SIGNATURE	111	1. / .		4111	ATTENDI	NG -	MED	STAFF	22c.	DATE SIGNED	
		AA L DANGE AAANS	UN	my 1	1	MULLE			MED DIRECTOR	PHYS.		5-3-68	
		22d. PHYSICIAN'S NAME (Type)	Osman	Z. Ers			22e. ADE		Fred	derick,	Mar	haelve	
	22.0	BURIAL, CREMATION,	23b. DA		23c. NAME/OF	CEMETERY (THEE					(Camba)
	230	REMOVAL (Specify)		46.1968		CEMCIEKT	CKEMATUKT		230. 10	OCATION (City or 1	the contraction of the contracti	(County)	(State)
	24	FUNERAL DIRECTOR	1110	46,1160	ADDRESS	40	mound	2Sa. RECYD	BX BEGISTR	AR 40 ASA R	EGISTEARYS,	SIGNATURE O	11/1/2
	0	O. Haska	20/x L	Row, bit i	Epublic,	me.	20/26	DATE	TAT	7 1968 "	fice	arces for	age.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FUR STATE OC OFFE DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN TO Month Yeog (Type or Print) ESTI-Page 9 10/145 DEATH MATED delay a ment S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 2c. DATE PRONOUNCED DEAD M3. last birthday) HOURS Mar. 22, 1924 Year 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED K 9. COUNTY OF DEATH country) Washington, D.C. USA WIDOWED DIVORCED Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital haurs after death 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Office alang with give street oddress) Statistical Analyst U.S.Gov't. death. 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER of Columbia ond 2 Ifem 1 after 14. FATHER'S NAME Middle First Lost IS. MOTHER'S MAIDEN NAME Middle Raymond Gwynn Young Marie Louise AtLee = Examiner's pages haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? pencil 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS within (Yes, no, or unknown) (If yes give war ar dates of service) Louise G. Benjamin (Sister) #13 above E within APPROXIMATE INTERVAL .⊆ be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND GEATH Chief Medical pending PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (OTT TELE event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (p). This certificate should writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse the .⊆ farwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 SID remayal, CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES | NO X pe 210. EXTERNAL CAUSE WAS ar 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) D should 3 shaul PRIMARY OR CONTRIBUTING HOUR A.M. MEDICAL EXAMINER: crematian, 0:50 P.M CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote YOUR DIRECTOR: Page factory, office building, etc.) WHILE AT WORK AT WORK Page / jo 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my opinion the funeral directar. death resulted from Accident X Suicide Noturo couses Hamicide Undetermined manner CHIEF MEDICAL EXAMINER priar ACTUAL FUNERAL I 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** - Hooth NAME (Type) ADDRESS(Street, city, town, or county) Hugh W. Ward 23o. BURIAL CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Gate of Heaven Cometenty Silver Burial Joseph Gawler's Sons. 5130 Wis. Ave. Wash., D.C. DATE MAY VR ATSME (S) 10M REV. 1/68



1	MARYLAND STATE DEPARTMENT OF HEALTH
W w	06864 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	Item11, 17, FilmG402 7MEDICATE EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT	1. DECEASED-NAME First Month Doy Year 2b. HOUR
S O S O S	(Type or Print) OF ESTI- DEATH MATED 5 3/ TOX 93010
3 m 2	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR MONTHS DAYS HOURS MIN MONTH DAY YEAR
a ga d	Month 5 Day 3 1 Year 108 930 A
End Pop	7a. BIRTHPLACE (State or foreign 71 CITIZEN OF WHAT COUNTRY? 8. MARRIED 9. COUNTY OF DEATH
- 5 9	(country) Baltinger, Md. 1.5A. WIDOWED DIVORCED Calvert Md.
oth age th f th f Stat	10. CITY OR TOWN OF JOEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USGAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
death ve Page y with the Sta	Basson give street oddress) a during most of working life even if retired.) INDUSTRY Takening
after 8. Giv alang alang with t	136. USUAL RESIDENCE (Where decoded lived, if institution Residence leftered land CITY OR TOWN) 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
s after 18. Gi s alang 2 with death.	odmission) STATE /// 13b. COUNTY Wal Barbles YES NO
1 hours after death Item 18. Give Pages 1 Office along with far alond 2 with the State ofter death.	14. FATHER'S NAME First Middle Zentgrafets IS. MOTHER'S MAIDEN NAME First Middle Loss
24 ho in Iten r's Off rs off	John Mittallish mary Getcher
hin 24 ncil in niner's pages haurs	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (166. SOCIAL SECURITY NO. 17. INFORMANT Zenteral Address
l within 24 in pencil in Examiner's File pages 77 hours	(Yes, no pronknown) (Hyes give wor or dotes of service) 216-18-5741 Thelma X. Bartonsky, Buston Md.
d with pe Exam	APPROXIMATE INTERVAL
d be executed in Chief Medical Extraorist permit. Fix	PART I. DEATH WAS CAUSED BY:
be execute 'pending'' 'pending'' ef Medical nsit permit vvent with	18 2 4. DUE TO, OR AS A CONSEQUENCE OF
be eximpend "pend nief Me	Conditions, if any, which gove
vard 'vard 're Chi	rise to immediate couse (o). (b) stating the underlying couse (DUE TO, OR AS A CONSEQUENCE OF
shauld be a ward "pe a the Chief burial-transit in any ever	lost.
This certificate shauld be executed icate, writing the ward "pending" in be farwarded to the Chief Medical Ed be used as a burial-transit permit. In removal, and in any event within	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DIT NOT-RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
irat ing ded ded as c	tomak & sold new to tame knick
certif arwan used moval	19b. CONDITION FOR WHICH OPERATION / 20. AUTOPSY?
nis certific ite, writin s farward se used a removal,	196. CONDITION FOR WHICH OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY? YES \(\bigcup \text{NO POST 1 or Post 2 itself 18} \) 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY COCCURRED Refer from the post 1 or Post 2 itself 18)
This ficate, be fo	
	PRIMARY OR CONTRIBUTING HOURAM CAUSE OF DEATH 21d ANURY OCCURRED 21e PLATEST INJURY (At home form street 22f IOCALON STREET 2
MINER the cer 4 shau ir files. matior	21d NURY OCCUPATED 21e, PLACE OF INJURY (At home form, street, 21f. LOCATION Street or R.F.D. No. CITY OF NOW!) Stote
KAMINER: te the certi ge 4 shauld your files. age 3 shaul cremation,	WHILE PROT WHILE ACTION Stree building, etc.) AT WORK AT WORK OF A
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peled direct of the direct of	ACTUAL CHIEF MEDICAL EXAMINER 22b. DATG SIGNED /
pry, ple eral di be retr RAL DI prior	SIGNATURE CONTROL SYSTEMS TO STATE OF THE ST
DEPUTY MCAL EXAM ecessary, please execute the funeral director. Page 4 may be retained far your FUNERAL DIRECTOR: Page ealth prior to burial, crem	NAME (Type) If VI / M. M. M. D. Pares as M. ADDRESS (Street, city, town, or county)
o DEPUTY necessary, please e the funeral director 5 may be retained o FUNERAL DIRECT	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County), (Stote)
F ()	REMOVAL (Specify) Danes 2 1968 (Entral Center Bareton Colvert God
(240)	24. FUNERAL DIRECTOR / PILLUL RODRESS / 2 / 250, REL'D BY REGISTRACO 256 ALGUMAN AGNATURE
VR ATSME BY	Of Harkage & the Bet Republic My JUN 3 1960
10M REV. 1/68	The state of the s

